

DECEMBER 2011 UPDATE FOR INPATIENT AND INPATIENT REHAB CARECONNECTION SUBMITTERS

December 1, 2011

The time has come for EXCLUSIVE use of the APS Healthcare CareConnection® system for obtaining WV Medicaid Prior Authorizations for Acute Inpatient and Inpatient Rehab for ages under 21.

To utilize the “production/live” system, go to:

- <https://c3wv.apshealthcare.com>.

To assist you, a CareConnection® User Manual may be accessed at:

- <http://www.wvmi.org/Medicaid-Documents/PriorAuthTraining/WV-C3-Provider-Portal-Manual-For-Providers-v-10-22.aspx>

As of Thursday, December 1, 2011, you will no longer be able to use the one page *WVMI Medicaid Prior Authorization* form for faxing requests to WVMI. The new *CareConnection® Prior Authorization* forms are not only attached here but available on both websites:

- WVMI www.wvmi.org,
- APS Healthcare <http://apshealthcare.com/wv>

Please remember that if you are faxing the prior authorization forms to WVMI you must:

- fax the form along with all supporting documentation to the correct review department listed on the attached designated fax cover
- go online to review the resolution of each request, as faxed determinations will no longer occur

To further assist you with submitting prior authorizations on CareConnection® please utilize the following materials, attached:

- Instructions for Submitting a Request
- APS “Cheat-Sheet” for navigating the system in regards to finding your resolutions/determinations

APS has provided the Bureau for Medical Services (BMS) your provider/submitter feedback regarding the *WV Medicaid Prior Authorization Retrospective Review Policy* that requires a timely 24-hour prior authorization submission for all weekend and/or holiday admissions. Due to the repeated expression of difficulty with meeting this requirement, BMS will allow for a continuance of leniency through December 31, 2011. Providers **must** endeavor to submit all requests as timely as possible. With this endeavor, BMS is requesting that providers/submitters once again supply APS progress and feedback for meeting the 24-hour timeline during this additional month of leniency—which gives providers/submitters the opportunity to better acclimate and produce efficient workflows for meeting such a deadline. This information will then be evaluated and taken into full consideration by BMS for the possibility of indefinitely extending the 24-hour timeline requirement.

Please send all *WV Medicaid Prior Authorization Retrospective Review Policy* feedback to wvmedicalservices@apshealthcare.com. Please include specific data where possible as well as recommendations for timelines for prior authorization submissions following weekends and holidays based on your experiences with our payers. APS will keep inpatient services providers apprised of decisions regarding any changes BMS approves to the policy as well as timelines for full implementation/application of the policy.

As always, APS is here to help you make this transition as smooth as possible. If have any questions or concerns, please feel free to call: 1-800-346-8272, or email: wvmedicalservices@apshealthcare.com.

Thank you for your continued efforts!